

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Mitsuaki OSHIMA

Serial No. 09/705,844

Filed November 6, 2000

COMMUNICATION SYSTEM

: Confirmation No. 5657

: Atty Docket No. 2000\_1524

: Group Art Unit 2634

: Examiner A. Le

:

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Technology Center 2600

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED  
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FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

Sir:

Attached hereto is a check in the amount of \$2236.00 to cover Patent Office fees relating to filing the following attached papers:

Information Disclosure Statement ..... \$180.00

Petition for Extension of Time ..... \$950.00

Additional Claims Fee Transmittal Letter

Excess of Twenty ..... \$504.00

Independent ..... \$602.00

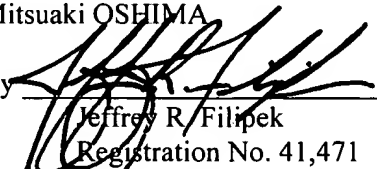
A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

Respectfully submitted,

Mitsuaki OSHIMA

By

  
Jeffrey R. Filipek  
Registration No. 41,471  
Attorney for Applicant

JRF/fs  
WENDEROTH, LIND & PONACK, L.L.P.  
2033 K St., N.W., Suite 800  
Washington, D.C. 20006-1021  
Telephone (202) 721-8200  
October 17, 2003

[Check No. 58250]  
2000\_1524



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 5657**  
Mitsuaki OSHIMA : Docket No. 2000\_1524  
Serial No. 09/705,844 : Group Art Unit 2634  
Filed November 6, 2000 : Examiner A. Le  
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**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 28 x	(\$ 9 = \$)	or	(\$18 = \$504.00)
Indep. Claims exceeding 3 (not already paid for): 7 x	(\$43 = \$)	or	(\$86 = \$602.00)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$145 = \$)	or	(\$290 = \$)
Total Additional Fee =	\$	or	<u>\$1106.00</u>

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which  
☐ is enclosed or  
☐ has been previously submitted.

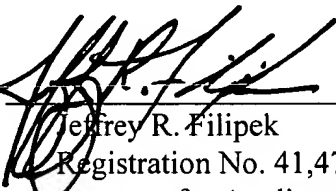
☒ A check in the amount of \$1106.00 is enclosed.

- ☐ Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Mitsuaki OSHIMA

By

  
\_\_\_\_\_  
Jeffrey R. Filipek  
Registration No. 41,471  
Attorney for Applicant

JRF/fs  
Washington, D.C. 20006-1021  
Telephone (202) 721-8200  
Facsimile (202) 721-8250  
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